

Indian Health Service

Strategically Deploying the Legacy RPMS System for New Hospitals & Clinics While Laying the Foundation for HIT Modernization

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EHR Modernization

What Can We Do Now?

DAVID TAYLOR MHS, RPH, PA-C, RN

IHS OFFICE OF INFORMATION TECHNOLOGY

HIT MODERNIZATION & INNOVATION



Health IT Modernization

December 2022 CIO Newsletter – Jeanette Kompkoff

- We've all been hearing a lot about health information technology (IT) modernization and the coming replacement of the Resource and Patient Management System (RPMS), and some very reasonable questions to ask include:
- When is all this going to happen?
- What do we need to do to get ready?
- In this article, we'll focus on that second question.
- **Actual go-live** of the first few sites is **more than two years** away, but there are things that our organizations can do to prepare for what is coming.

Health IT Modernization - What We Can Do Now?

Prioritize your People – Address staffing concerns

Identify change champions – i.e. Superusers, Package Owners

Catch up on any billing, coding & accounts receivable

Engage with Workflow Research & Alignment Plan (WRAP)

Optimize RPMS EHR as delineated through the WRAP Best Practice/Future State workflows & IHS Program Initiatives (e.g. PAMPI, 4DW, STI/Syphilis, ACT, ASQ, HOPE, EHR Component Functionality)

Keep RPMS up to date with patches

Adhere to life cycle management best practices for all technologies

Leverage Health Information Technology (HIT) to improve safety and patient outcomes (e.g. Clinic BCMA, Outpatient ADC Profiling, Smart Pumps)

Routinely monitor RPMS

Ensure system administration process & backups are performed

Standardization - EHR Modernization

<https://www.ihs.gov/hit/>

CHIT 2015 (Certified Health Information Technology)

HL7 Data Transmission

COVID-19 Vaccine CDC-IHS Data Management

21st Century Cures Act (21 CCA – Cures Bundle)

IHS Four Directions Warehouse (4DW)– PAMPI & Migration of Data

Problems

Allergies

Medications

Procedures

Immunizations

IHS Health IT Modernization Program

- Follow updates at www.ihs.gov/hit and join the HITMOD Listserv: Listserv Signup.
- Dr. Howard Hays can be reached at Howard.Hays@ihs.gov.
- Jeanette Kompkoff can be reached at Jeanette.Kompkoff@ihs.gov
- **IHS Office of Information Technology Updates**
- [CIO Newsletters - newsroom \(ihs.gov\)](http://www.ihs.gov/newsroom)

Laying the Foundation

Integrating Business Process Modeling into RPMS EHR Configuration

RYAN LUGINBUHL, MD

AMANDA CRAY, CLSSGB

AUGUST 2023



Federally Funded Research & Development Center (FFRDC)



Key Attributes

- Created by government — a **federal entity**
- Addresses key challenges of considerable **complexity**
- Analyzes technical questions with a high degree of **objectivity**
- Provides **innovative and cost-effective** solutions to government problems
- Does not compete with industry or develop commercial products
- Can perform functions that are “**close to inherently governmental**”
- **Independent operator** enables broad stakeholder engagement

Federal Acquisition Regulation 35.017

35.017 Federally Funded Research and Development Centers.

(a) Policy. (1) This section sets forth Federal policy regarding the establishment, use, review, and termination of Federally Funded Research and Development Centers (FFRDC's) and related sponsoring agreements.

(2) An FFRDC meets some special long-term research or development need which cannot be met as effectively by existing in-house or contractor resources. FFRDC's enable agencies to use private sector resources to accomplish tasks that are integral to the mission and operation of the sponsoring agency. An FFRDC, in order to discharge its responsibilities to the sponsoring agency, has access, beyond that which is common to the normal contractual relationship, to Government and supplier data, including sensitive and proprietary data, and to employees and installations equipment and real property. The FFRDC is required to conduct its business in a manner befitting its special relationship with the Government, to operate in the public interest with objectivity and independence, to be free from organizational conflicts of interest, and to have full disclosure of its affairs to the sponsoring agency. It is not the Government's intent that an FFRDC use its privileged information or access to installations equipment and real property to compete with the private sector. However, an FFRDC may perform work for other than the sponsoring agency under the Economy Act, or other applicable legislation, when the work is not otherwise available from the private sector.

(3) FFRDC's are operated, managed, and/or administered by either a university or consortium of universities, other not-for-profit or nonprofit organization, or an industrial firm, as an autonomous organization or as an identifiable separate operating unit of a parent organization.

(4) Long-term relationships between the Government and FFRDC's are encouraged in order to provide the continuity that will attract high-quality personnel to the FFRDC. This relationship should be of a type to encourage the FFRDC to maintain currency in its field(s) of expertise, maintain its objectivity and independence, preserve its familiarity with the needs of its sponsor(s), and provide a quick response capability.

Transforming the way we deliver care begins with realigning our processes

Targeted configuration of unique high-risk, problem-prone, and high variability workflows



IMPROVING CARE DELIVERY

Seamless, consistent, rigorous processes across the field will drive efficiencies to deliver better care



ENHANCING PATIENT EXPERIENCE

Enhanced processes in telehealth, patient portal, and digital health applications expands our digital footprint and will enrich patient experiences and provide more seamless access to care



LEVERAGING DATA TO DRIVE OUTCOMES

Redesigned processes will improve data capture and data quality fostering innovative analytics to better understand our patient populations and drive improved outcomes

WRAP: From Challenges to Opportunities

With every challenge comes an opportunity

CHALLENGES



Mastery of the EHR by the User

Inefficient and disparate processes can present a challenge to initial and ongoing training and compromise EHR mastery



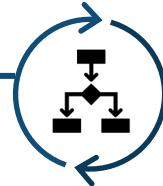
Configuring the EHR for the User

Lack of consistent, rigorous models that do not meet the needs of the user can negatively impact the adoption of the EHR



Listening to the User in Decision Making

Various clinical and business partners, dispersed across the country with unique needs, require consistent and deliberate engagement



OPPORTUNITY



Using the Models for Configuring, Testing, and Training

Use of models will be continuous and iterative, lasting through the EHR implementation and optimization



Leveraging the Models for Vendor Collaboration

Comprehensive models based on SME engagement will help inform the EHR vendor's configuration efforts



Empowering the User Via Engagement

Through consistent and deliberate engagement with user, models will ensure confidence and ownership in the new technology and form a more personalized EHR experience

IHS Health Information Technology Modernization Preparation for Vendor

“Too often clinics believe workflow should only be assessed after a vendor product has been selected and just before the health IT is implemented.”

- **Agency for Healthcare Research and Quality (AHRQ)**

By understanding workflows and preparing for changes to them throughout the planning and implementation process, a clinic is better prepared for the workflow changes postimplementation.



Workflow Research Alignment Plan (WRAP) Overview

WRAP utilizes Business Process Modeling (BPM) to document shared best practice future-state workflows, supporting the configuration and implementation of the new EHR



FIELD ENGAGEMENT

Engage IHS, Tribal Health Programs, Urban Indian Organizations (I/T/U) clinicians, business, and technical experts



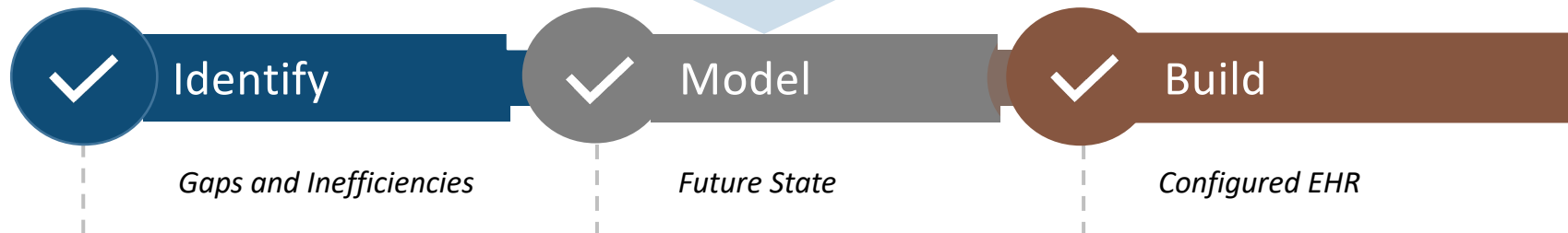
COMPREHENSIVE APPROACH

Select specific and complex service lines (e.g., Emergency Department, inpatient care, primary care)



PARTNERSHIP

Use models to inform system build with new EHR vendor



How WRAP Helps HIT Modernization

WRAP is an ecosystem of tools and methods that allow for...

Shareability:

Models produced can be utilized and localized by another site or across multiple sites within the Indian Health ecosystem

Standardization:

Rigorous, thorough models creates a common understanding across Indian Health

Re-usability:

Models can be re-used depending on need, location, or uniqueness of site



Configurability:

Models provides the foundation to configure, not customize, an EHR software

Interoperability:

Models can help “connect the dots” between various systems and platforms

Extensibility:

Models are expanded or enhanced through a modular approach, where new functionalities or components can be added incrementally

ULTIMATELY ENHANCING PROVIDER-PATIENT INTERACTIONS

WRAP Summary

**Phase 1:
Environmental Scan**
to collect internal and external information



**Phase 2:
Conceptual**
to form an overarching understanding of each process model



**Phase 3:
Design and Decide**
to map out the future state models with IHS SMEs

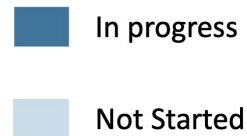
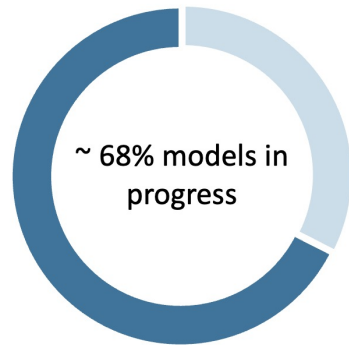


**Phase 4:
Quality Review**
to final check process models for clinical and technical accuracy

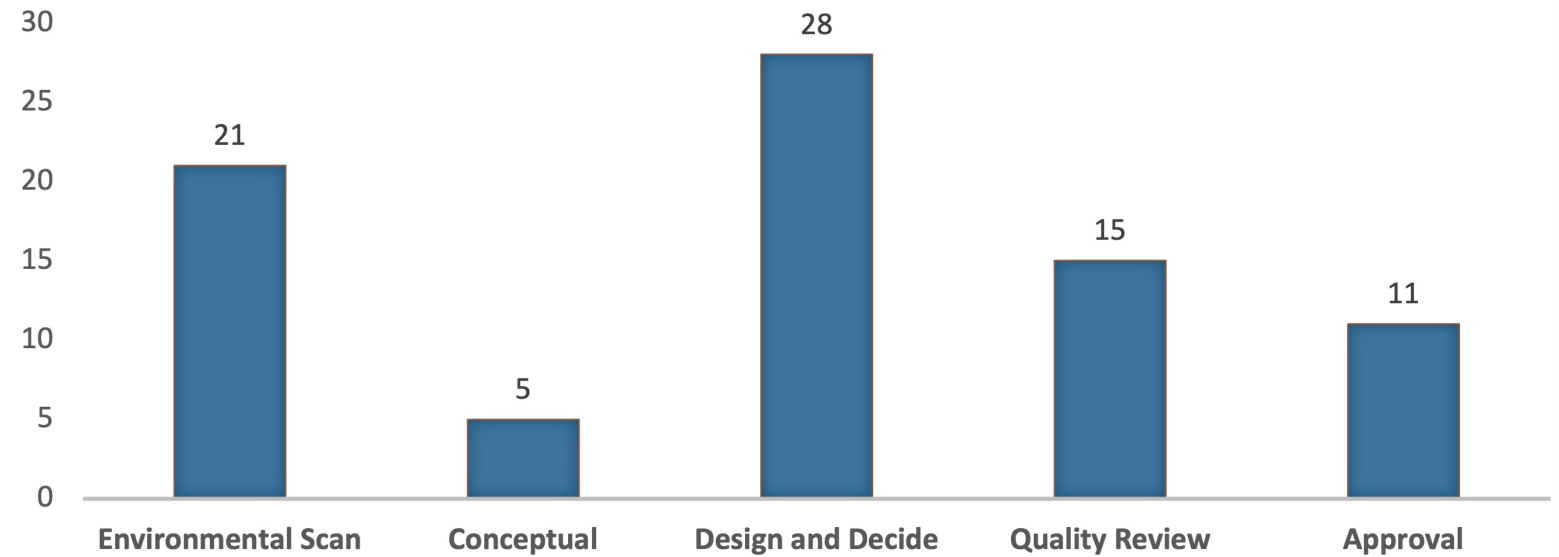


**Phase 5:
Approval**
to approve models for Governance review and shared with EHR vendor

80 Process Models Identified



NUMBER OF MODELS IN PHASE



Prioritization and Categorization of Process Models

Models are prioritized based on 4 distinct criteria, and categorized into 22 service lines, of which 16 are in progress

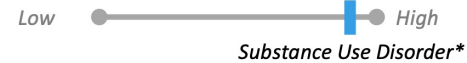
Criteria for Prioritizing BPM Process Models (via Service Lines)

1 Core Functionality



- Essential service to the organization?
- Apart of the core business operations?
- Necessary to fulfill mission?

2 Uniqueness to IHS



- Specialized program or focus area?
- Special configuration required in the EHR?

3 Volume



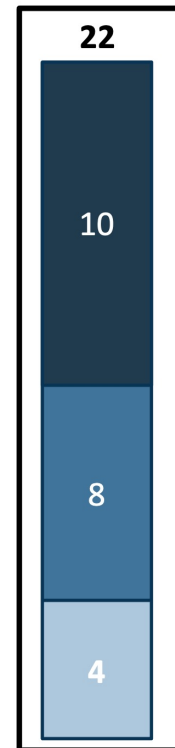
- Number of patients impacted?
- Processes that consume staff time?
- Frequently performed procedures or services?

4 High Risk



- Potential for harm to patient or impact to business operations?
- Increase of incidents or errors?
- Complexity of service?

Total Service Lines



- Emergency Department*
- Hospitalization*
- Labor Delivery Recovery Postpartum*
- Primary Care*
- Residential Treatment Centers*
- Swing Beds
- Substance Use Disorder*
- Surgery*
- Telemedicine*
- Urgent Care

Support Services

- Community Health Aide Program*
- Employee Health*
- Imaging
- Laboratory*
- Medication Management and Administration*
- Nutrition*
- PAMPI*
- Referral Management

Business Services

- Population Health
- Public Health*
- Reporting
- Revenue Cycle Management*

Currently Identified Models

The individual status of the 80 models in scope are listed below (Service Line not listed)

Phase 1:

Environmental Scan

to collect internal and external information

1. Admit to ICU from floor
2. Admit to Surgery from floor
3. Adult Follow up Visit
4. Adult Sick Visit
5. Allergies
6. ICU Medication Management
7. Imaging
8. Immunizations
9. Inpatient Medication Management
10. Medications
11. Pediatric Follow up Visit
12. Pediatric Sick Visit
13. Pediatric Well Child
14. Population Health
15. Procedures
16. Public Health Emergency
17. Referral Management
18. Reporting
19. Surgery Medication Management
20. Swing Beds
21. Transfer to another hospital from floor



Phase 2:

Conceptual

to form an overarching understanding of each process model

1. Blood Bank
2. Day Surgery, Post-op
3. Inpatient Revenue Cycle Management
4. Inpatient Surgery
5. Pathology



Phase 3:

Design and Decide

to map out the future state models with IHS SMEs

1. Administration Medication and Dispensation
2. Ambulatory Medication Management
3. Behavioral Health Aide
4. Chemistry / Hematology
5. Day Surgery, Day of Surgery
6. Day Surgery, Pre-op (Anesthesia)
7. Drug Dependency Unit
8. ED Boarding
9. ED Observation
10. ED Fast Track
11. ED Transition of Care
12. ED Treatment Decision
13. Fulfill Medication Order
14. Hospitalization
15. Labor and Delivery
16. Microbiology
17. OB Triage
18. Outpatient Revenue Cycle Management
19. Public Health Nurse
20. Public Health Threat
21. Postpartum
22. Problem List
23. Process Medication Order
24. Recovery Post Labor and Delivery
25. Refill Authorization Denial
26. Resolve Adverse Drug Event
27. Urgent Care
28. Youth Regional Treatment Centers



Phase 4:

Quality Review

to final check process models for clinical and technical accuracy

1. Adult New Patient
2. Community Health Representative
3. Day Surgery, Pre-op Clinic
4. Dental Health Aide Therapist
5. Emergency Department Medication Management
6. Emergency Department Point of Care Ultrasound (POCUS)
7. Home Telemedicine
8. Home with Assistance Telemedicine
9. In Clinic Telehealth
10. Inpatient RDN Screening and Consult
11. Medical Management of Inpatient Detoxification
12. Medication Review
13. Remote Telehealth
14. Remote Telehealth with Assistance
15. Substance Use Disorder, Primary Care



Phase 5:

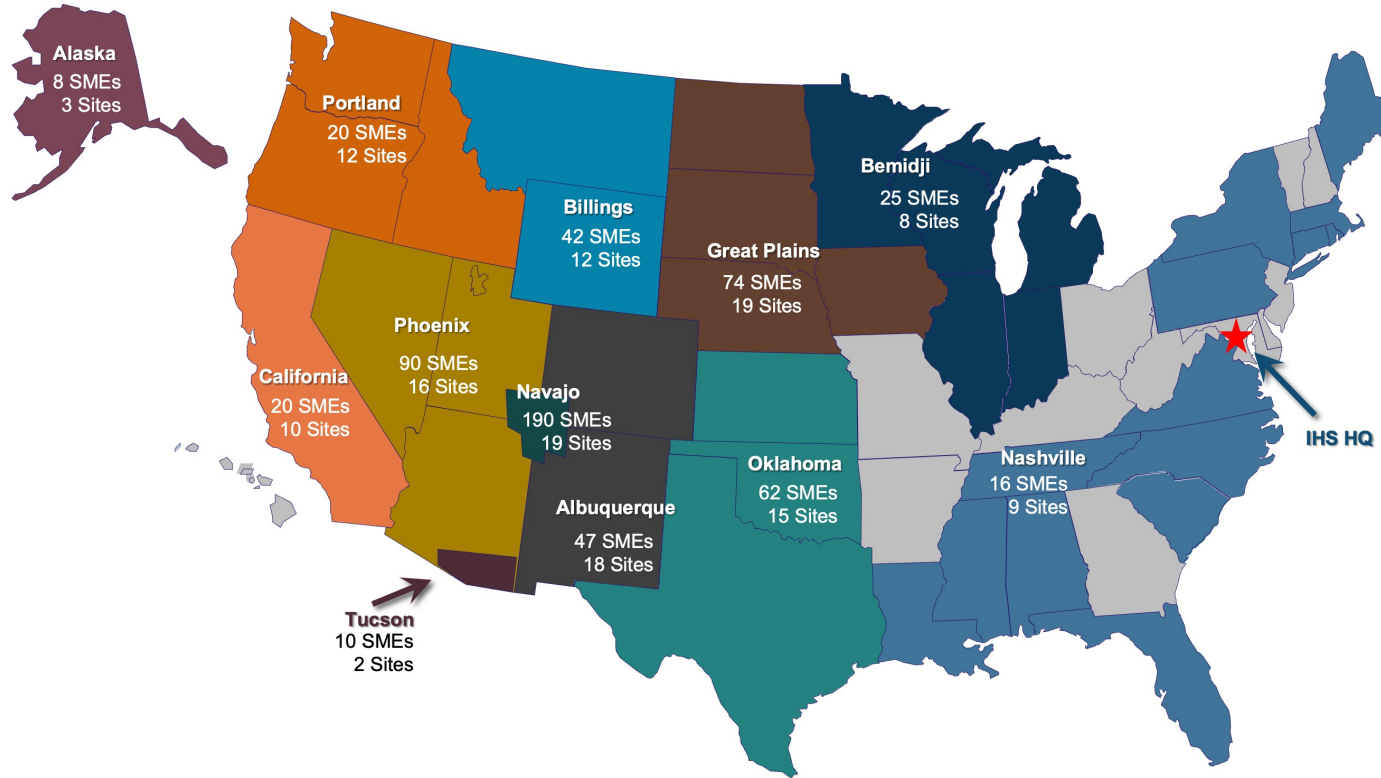
Approval

to approve models for Governance review and shared with EHR vendor

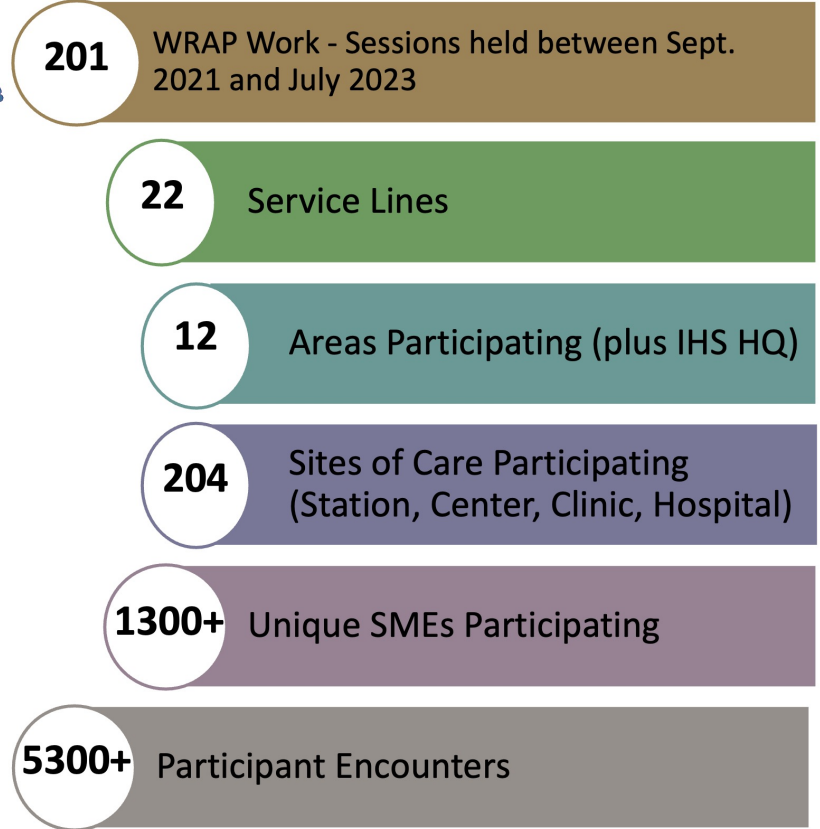
1. Advanced Practice Pharmacist
2. Ambulatory Nutrition
3. Buprenorphine Bridge Program, Emergency Department
4. Community Health Aide
5. Employee Health Exposure – Emergency Department
6. Employee Health Exposure – Primary Care
7. Employee Health Immunizations
8. Employee Health Mass Wellness
9. Group / School Nutrition Event
10. Occupational Health
11. Public Health / Community Nutrition Home Visit

WRAP by the Numbers

As of August 1, 2023

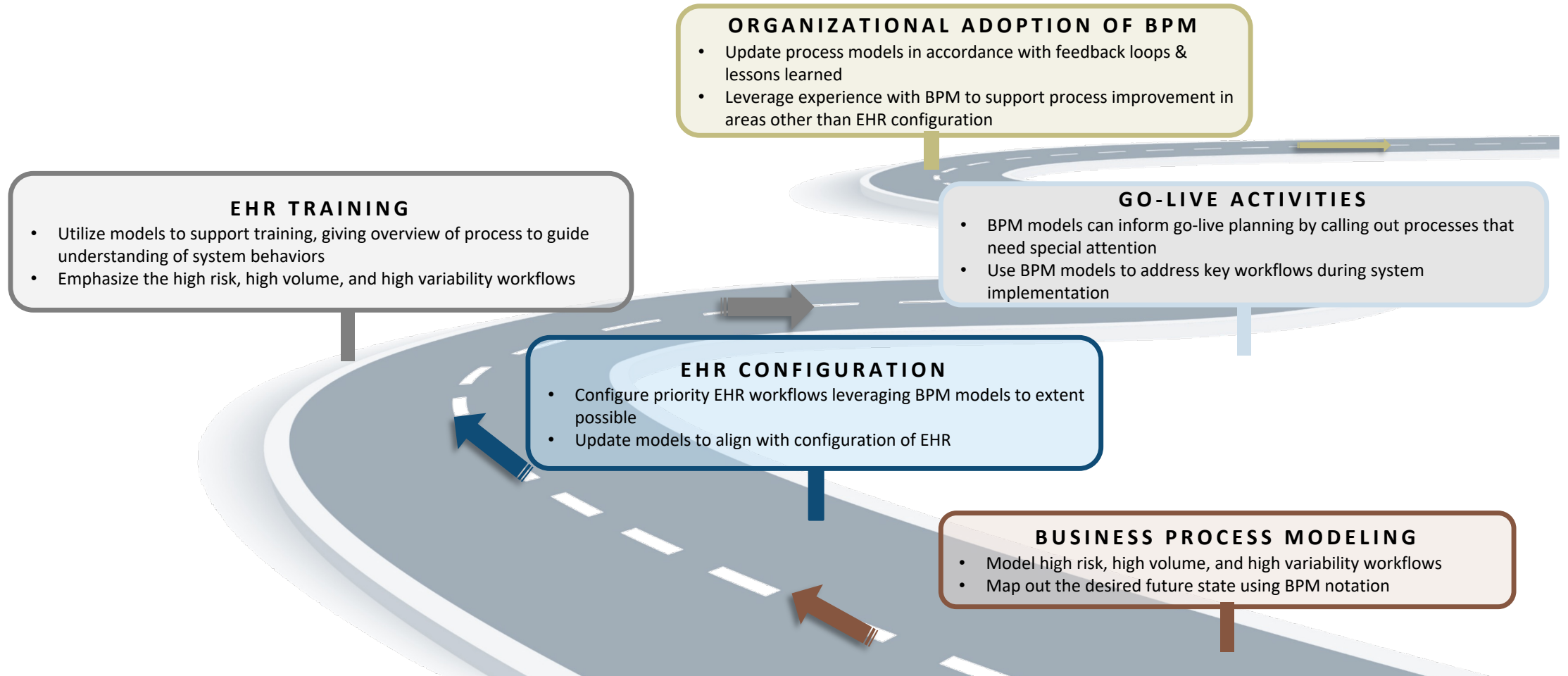


I/T/U SME engagement throughout the sessions

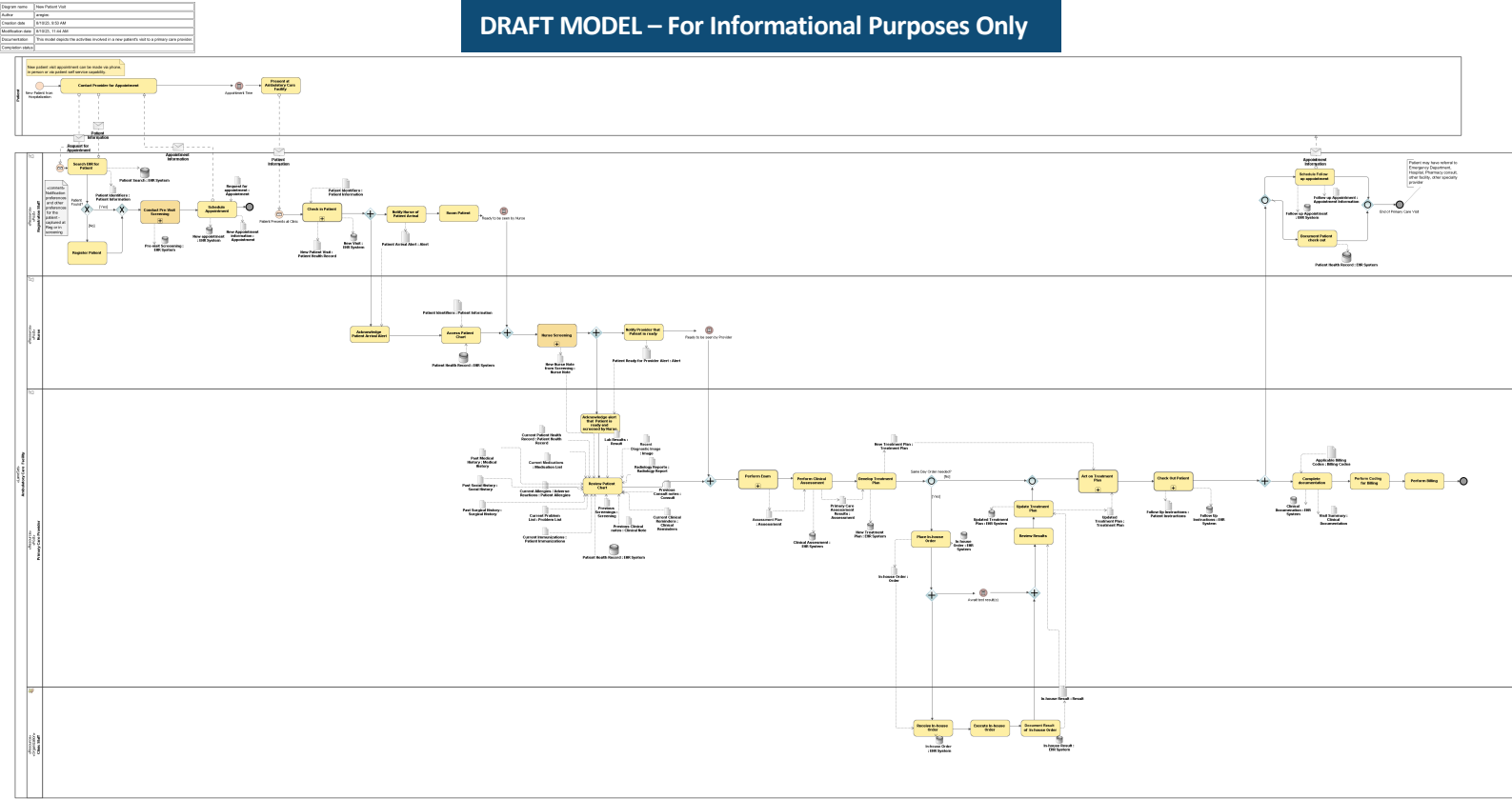


The Path Ahead with WRAP

WRAP lays the groundwork for configuration, training, implementation, and optimization of the new EHR



Primary Care

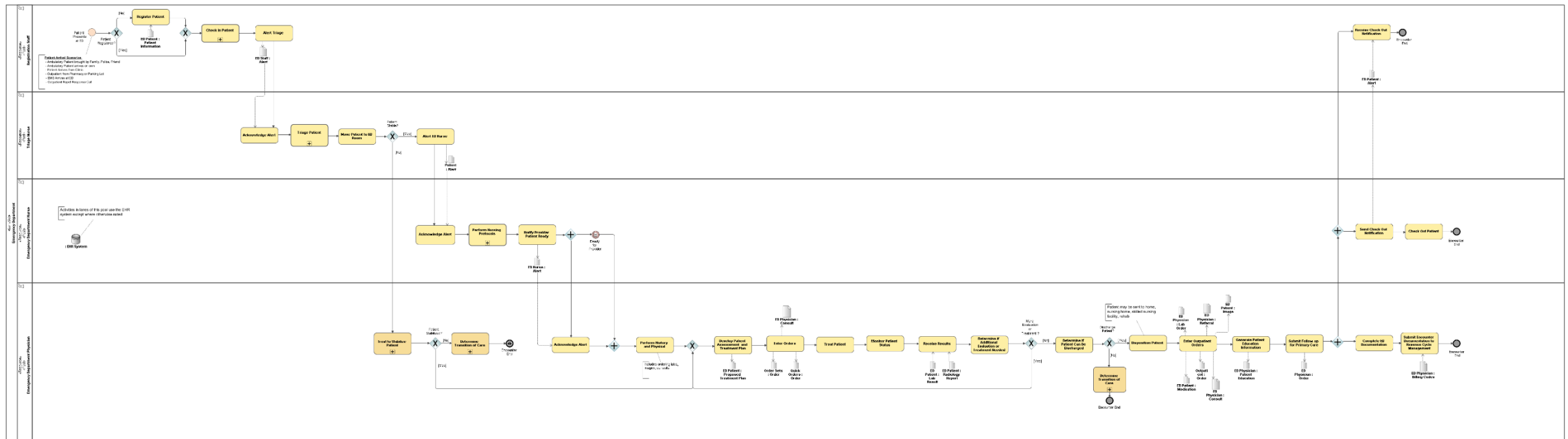


New Patient Visit 2023-08-14.png

Emergency Department, Stable Patient

DRAFT MODEL – For Informational Purposes Only

Diagram title	Emergency Department General with Stable Patient
Author	Jonathan
Creation date	11/12/2023, 12:43 PM
Modification date	11/12/2023, 12:47 AM
Documentation	This model depicts the process of a patient being admitted to the Emergency Department (ED) to receive treatment. The model is for informational purposes and is not intended to be used for clinical practice.
Completion date	

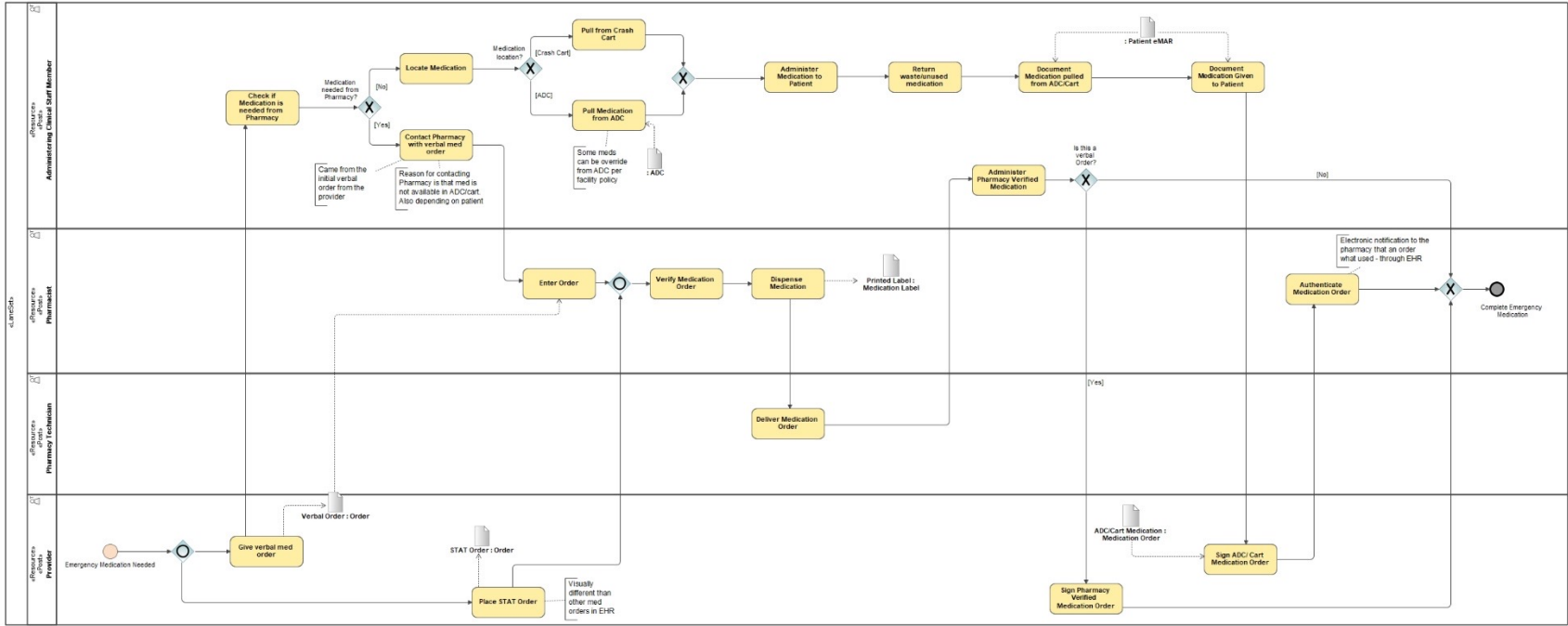


Emergency Department General with Stable Patient DRAFT 14 Aug 2023.png

Medication Administration, Emergency Department

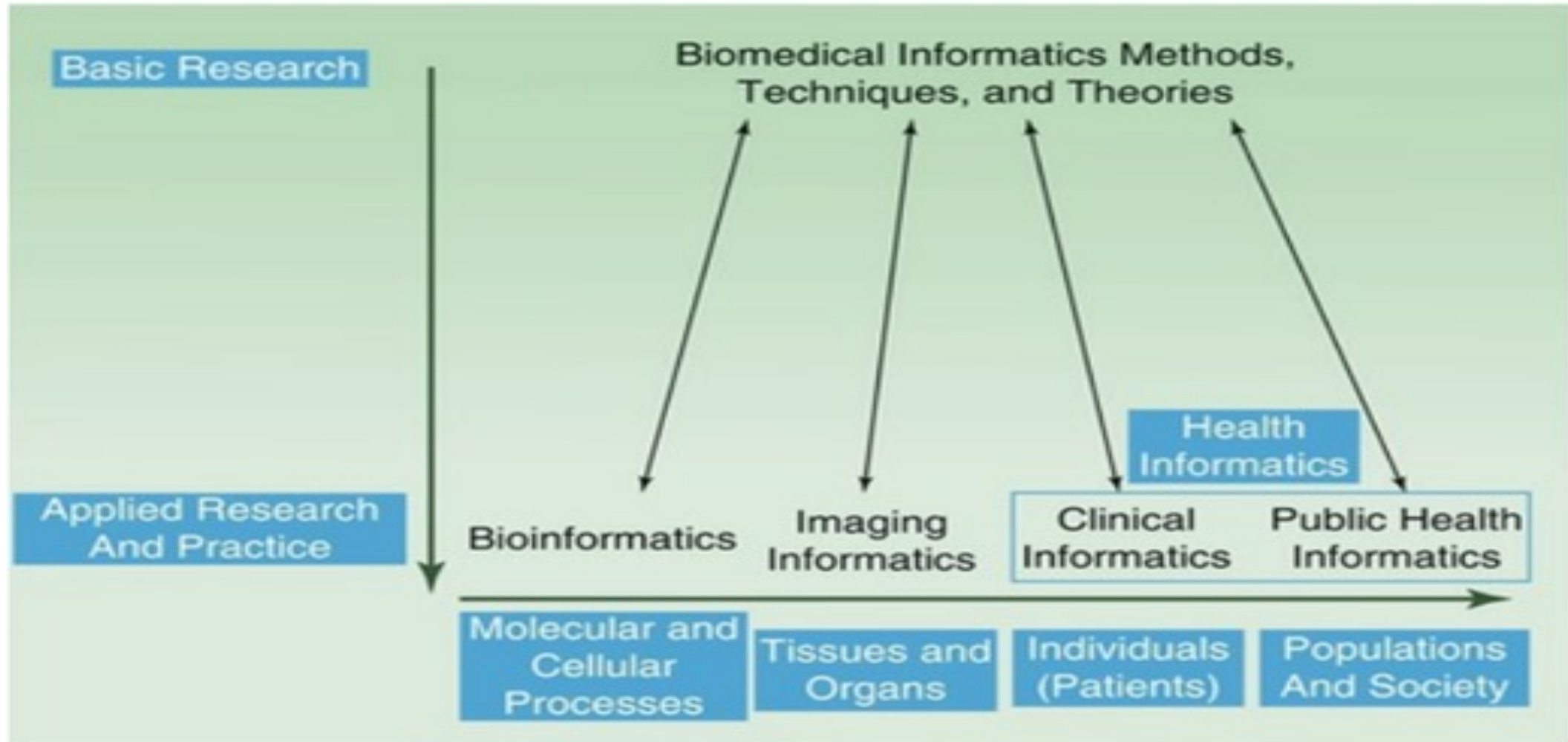
Diagram name	Emergency Medication Order
Author	Ichisaki
Creation date	7/29/23, 12:00 PM
Modification date	8/14/23, 4:54 PM
Documentation	This is an emergency setting showing the ideal state
Completion status	

DRAFT MODEL – For Informational Purposes Only



Emergency Medication Order.jpg

Informatics Concepts



Indian Health Service

Statistical Work

KATHY RAY, RN, CNM (RETIRED)
AREA CLINICAL INFORMATICIST
ACTING AREA STATISTICIAN
NAVAJO AREA INDIAN HEALTH SERVICE



Forgotten But Important Statistician Work

Who - Do you know who your Area Statistician is?

What - Functions?

When - How soon to get them involved? When is New Facility Opening?

Where - Location? Changes needed?

Why - Is it important?

Accurate Data = Quality Data

Area Statistician Duties Situations Example #1

RPMS to Enterprise Solution

- Needs New DBID – Database ID
 - ✓ Request through ServiceNow (SNOW) Ticket
- NDW Reporting
 - ✓ Report Created
 - ✓ Accurate Data = Quality Data
 - ✓ Export Locally
 - ✓ SNOW ticket to request new Secure Data Transfer (SDT) link - only good for 30 days
 - ✓ Reply with attached Export

Area Statistician Duties Situations Example #2

Migrating from Clinic to Hospital Needed Information

Area	Facility Medicaid Provider Number
ASUFAC	Tribe – Organization
Facility Name	Accreditation
Record Type	EHR Type (RPMS, NextGen, etc.)
Facility Operated By	Latitude/Longitude
HHS Region	DBID
ITU	

Area Statistician Duties Situations – Example #3

- **Addition of Ambulance**
 - ✓ Add/Edit Entry in Reference Management Tool
 - ✓ Need for Separate ASUFACs for Billing

- **Addition of Non-Emergency Transport**
 - ✓ Add/Edit Entry in Reference Management Tool
 - ✓ Need for Separate ASUFACs for Billing



DESCRIPTION

The Reference Management Tool provides a web-based solution for managing all Enterprise Reference data that supports the IHS Standard Code Book (SCB).

[Read More](#)



REFERENCE DATA DOMAINS

Reference Data consist of Clinic, Community, Tribe, State, Provider, Reservation, Service Unit, Facility and other master data domains.

[Read More](#)



REFERENCE DATA MANAGEMENT

Select users have access to manage (review, insert and update) a set of standard terminologies, custom and proprietary codes that support semantic interoperability and data sharing across the IHS ecosystem.

[Read More](#)

The Reference Management Tool

RPMS EHR

Health Information Technology (HIT) Assessment & Configuration

CHRIS SADDLER, RN

KATHY RAY, RN, CNM (RETIRED)

PARTNERSHIP 2023



RPMS Configuration: > 3000 Files

Institution File

ASUFAC Number (Location File)

Station Number (Institution File)

Station Number (Time Sensitive) File

Medical Center Division File

CPRS Ordering Institution File

PCC Master Control File

PCC Data Entry Site Parameters

IHS Pharmacy Site Parameters

NPI and eRx Medicaid

APSP IHS Site Control

Immunization Site Parameters

BLR Master Control Site

Parameters

Scheduling Parameters

Registration Parameters

Pharmacy RPMS Configuration

Multi-Divisional Configuration

CMOP

IHS Pharmacy Site Parameters

BCMA – Clinic BCMA

APSP IHS Site Control

Automated Dispensing Cabinets (ADC) Profiling

Pharmacy Package

GSL Dispensing

Drug File

Pharmacy Automation (ScriptPro, Parata, Optifill)

e-Prescribing (eRx)

AudioCARE

Electronic Prescribing of Controlled Substances
(EPCS)

Prime Vendor Account

Pharmacy Point-of-Sale

Laboratory RPMS Configuration

Multi-Divisional Configuration

CLIA

Instrumentation

CAP vs. COLA

Service Contracts

BLR Master Control Site

Data Innovations (DI) Interface

Parameters

Reference Lab Interface

Laboratory File 60

Point-of-Care (POC)

All Other RPMS Packages

Practice Management Application Suite (BPRM)

VistA Imaging (VI)

Purchase & Referred Care (PRC)

PHR – Direct Secure Messaging

Third Party Billing

Behavioral Health

PHN vs. CHR vs. CHA

PHR & Direct Messaging

Onboarding for HIE & NPI

Public Health Nursing

Community Health Representative (CHR)

Community Health Aide Program

- ✓ Community Health Aide Practitioner (CHAP)
- ✓ Dental Health Aide Therapist (DHAT)
- ✓ Behavioral Health Aide Therapist (BHAT)

RPMS EHR

- ✓ CPRS
- ✓ TIU
- ✓ Consults
- ✓ Reminders

RPMS Configuration

FILE NAME FROM	GLOBAL	ENTRIES IN FILE	PTRS TO PTRS
#4 – INSTITUTION	^DIC(4,	8708	223 6

There are 6 pointers from the Institution file to other files:

DOMAIN, FACILITY TYPE, AGENCY, STATE, HOSPITAL LOCATION, PERSON CLASS

FILE NAME FROM	GLOBAL	ENTRIES IN FILE	PTRS TO PTRS
#200 – NEW PERSON 5	^VA(200,	11321	1974
#9000001 – PATIENT	^AUPNPAT(128328	271 48
#9000010 – VISIT	^AUPNVSIT(12991462	147 22

RPMS EHR

- **CPRS**
 - Orders
 - Order Checks
 - Notifications
- **TIU**
 - Note Titles
 - Templates
 - User Class
- **Consults**
- **Reminders**

RPMS EHR Graphic User Interface

Standardized EHR GUI v1.5.2021

The screenshot displays the RPMS EHR GUI v1.5.2021 interface. The top navigation bar includes the following elements:

- Window Title: IHS - EHR 1.0 Patch 34 Welcome USER,BSTUDENT MD Standardized EHR 1.5.2021 by PHX-AO-CDR Lester, John - Clinical Informatics
- Menu: User Patient Tools Refresh Patient Clear Clear and Lock Imaging Options Clinic Websites External Communication [ED Tracker] [Other Applications] { Help }
- Sub-menu: Privacy Notification Patient Chart Internal Communication All Outside Referrals Suicide Reporting EPCS

The patient information section shows:

- Demo.Exams: 140557 22-Feb-1991 (31) F
- Visit not selected: USER,BSTUDENT MD
- User: Nstudent

The toolbar contains icons for Postings (WADF), Reminder (Alert), a red circle with '1', C/D/A, Visit Details, Quick Notes, Direct Mail, Surescripts Mail (ROCOVO), Extra Lab Labels, and Sign Everything.

The main content area is divided into several sections:

- Left Sidebar:** Clinic Resources, Other Services, Nursing, Provider Encounter, Patient Summary, Complaint / Vitals, Reports / Images, Lab Results, Screening / Exams, Pediatrics Review, Problem Managing (selected), Medications, All Other Orders, Notes, DC Summary, E+M / CPT, Consultations, Final Review.
- Problem Managing Section:** Categories (Problems, Prenatal, Dx. History, Family Hx, Hx Services, Coagulation, Asthma, Implants), Provider Encounter, Report, Problem, Meds, Triage, Vitals, Imm, FHx, Order, Notes, Images, E+M, CPT, Comm, Chat.
- Integrated Problem List:** A table with columns: Status, Onset Date, Priority, Provider Narrative, Comments, PIP, IP, POV, NR, ICD.

Status	Onset Date	Priority	Provider Narrative	Comments	PIP	IP	POV	NR	ICD
Chronic			Diabetes mellitus type 2 without retinopathy						E11.9
Routine/Admin			Chart evaluation by healthcare professional						Z02.9

At the bottom of the interface, there are three input fields: USER,BSTUDENT MD, EHR-DEMO.IHS.GOV, and CIHA HOSPITAL.

Dilkon Medical Center

Navajo Area Indian Health Service

CAPT (RET) PETER VERMILYEA, PHARMD

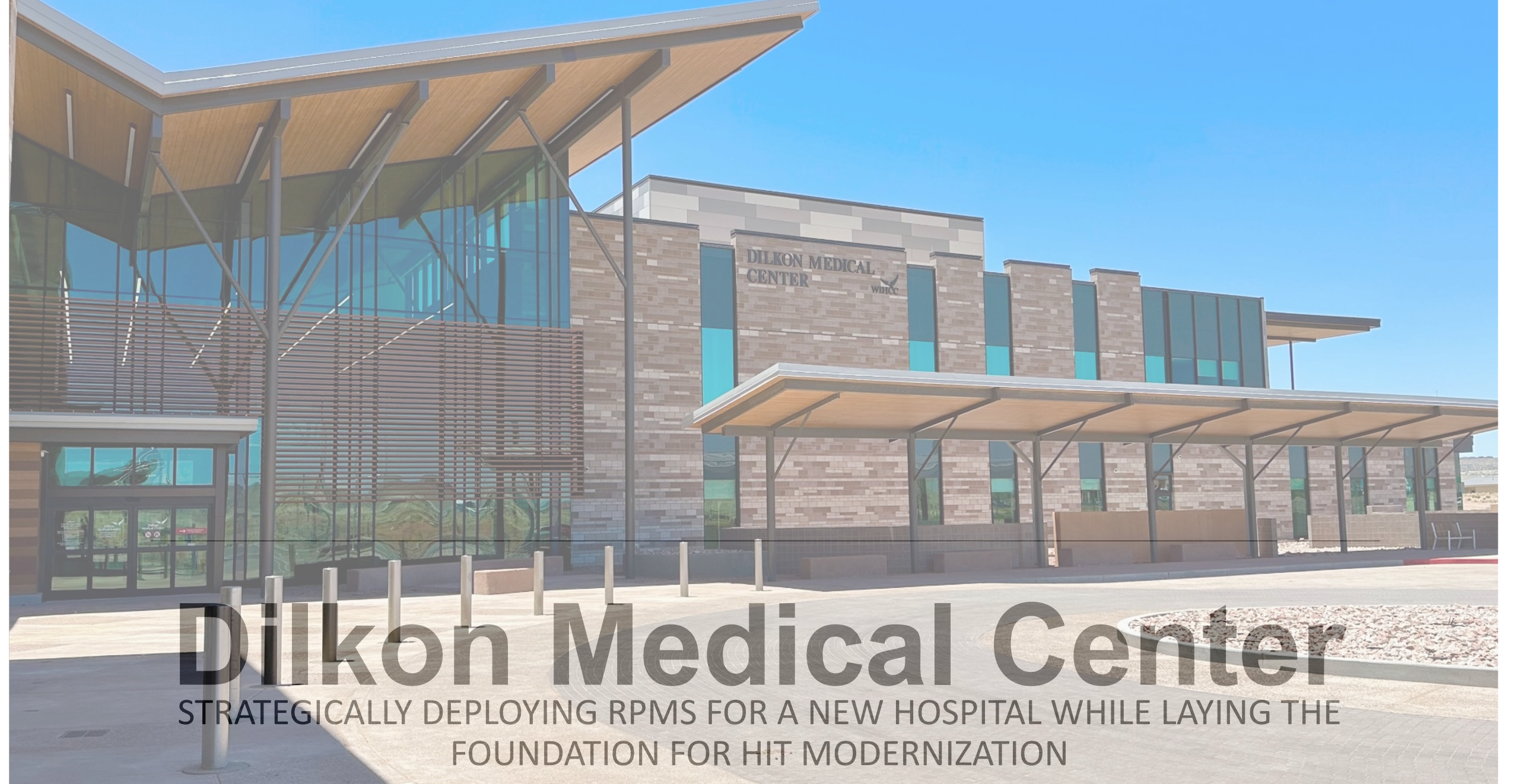
KATHY RAY, RN, CNM (RETIRED)

PARTNERSHIP AUGUST 2023



Dilkon Medical Center

Dilkon Medical Center is a newly established Rural Health Center in Dilkon, Arizona. The facility will serve the surrounding Navajo Nation population and consists of 39 departments and 620 rooms. The facility includes 24 hour emergency and diagnostic services as well as provisions for short stay, low acuity in-patients. A full range of pharmacy and laboratory services, diabetes prevention and treatment, health education, breast and cervical cancer program, behavioral health, podiatry, audiology, optometry, physical therapy, home and public health nursing will be on site. Dilkon Medical Center will serve as a focal point in the community with numerous outreach programs.



Dilkon Medical Center

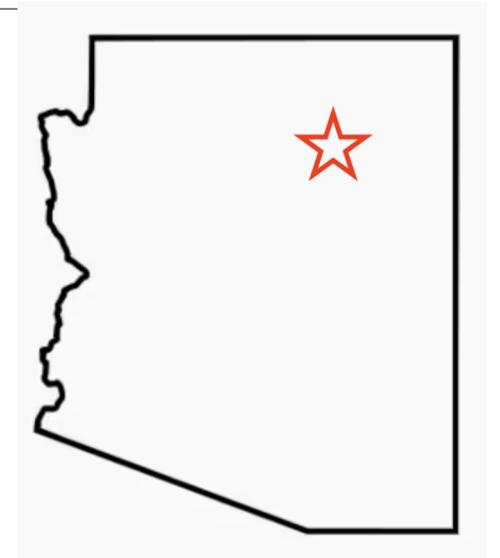
STRATEGICALLY DEPLOYING RPMS FOR A NEW HOSPITAL WHILE LAYING THE FOUNDATION FOR HIT MODERNIZATION

Objectives

- Highlight changes needed in RPMS EHR leading up to opening a new hospital
- Identify how to prepare a new facility for EHR modernization
- Leverage Business Process Models (BPM) for ED Medication Management & ED Stable Patient for improved shared understanding of implemented and future workflows*
 - *Configuration, End-to-End Testing, End User Training
- Compare and contrast processes that worked well or did not work well

Dilkon Medical Center - Overview

- Located on the Navajo Nation in Dilkon, Arizona
- Approximately 40 miles north of Winslow, AZ
- Initial planning in the 1990s and groundbreaking in 2019
- Opening date: August 7, 2023
- Services: 24 hour emergency, primary care, mental health, pharmacy, PT, optometry, podiatry and more.
- 12 bed Inpatient planned for 2024/2025.
- The new “Mother Ship” of the Winslow Indian Health Care Center.



Dilkon Medical Center - Old Clinic





Dilkon Medical Center – Opened August 7, 2023

Dilkon Medical Center Early Planning

Early Planning

- Pharmacy workflow changes **e.g.** IMO, drug file
- ED Dashboard (provider/RN/clerk training)
- Identification of accreditation (“I think” and “we should be”)
- Consultation with IHS OIT
- Will this be a new division, same database?
- Opening sequence - Outpatient only, ED+Outpatient, Inpatient
- Pro tip: don't schedule a pandemic during hospital planning

Dilkon Medical Center – Planning (1)

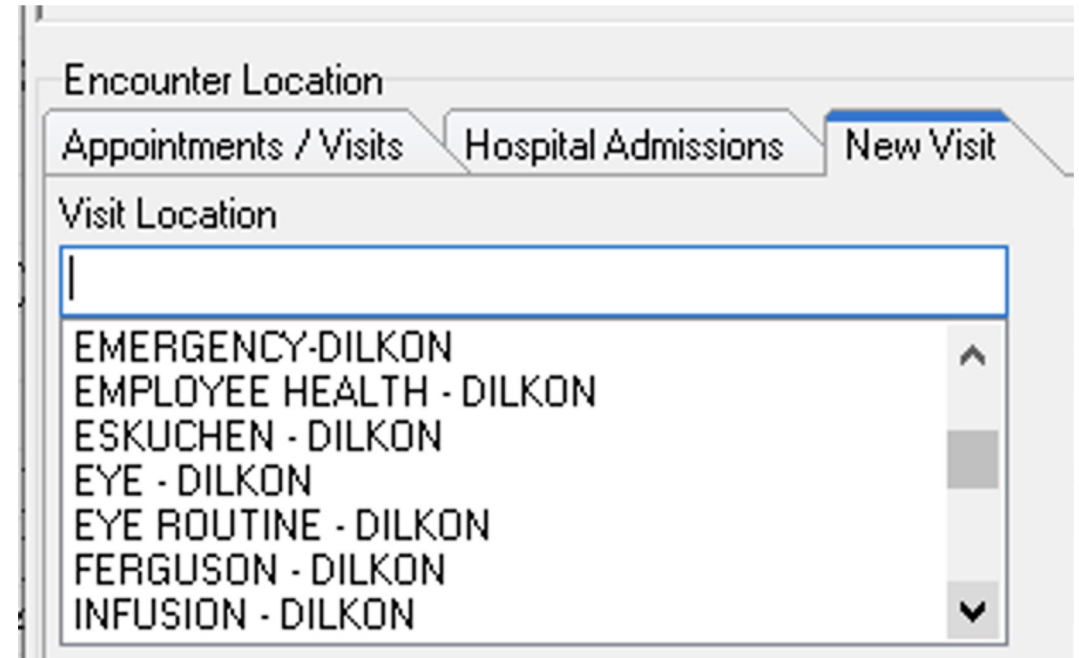
- Migrating clinics to new facility
- Clinic nomenclature standardization
- Involve large groups of staff when possible
- Shared Google sheet with 500 staff

A	B	C	D
	Will this clinic meet at Dilkon? Y/N (only answer for your own clinic)	Comments (Scheduling details, users, or if brand new clinic starting please note here) Please put your name after comments so we know who to contact if we have questions.	Celeste Renaming Progress
Winslow Clinic			
28 WEEKS LAB	Y	MARDI SANCHEZ RN	Created
ALDRIDGE	N	Laura Pauli RN	-
ALLERGY CLINIC			
AMBULATORY BLOOD PRESSURE		clinic no longer used	
AMY MCDONNELL BH	N	Provider no longer works at WIHCC - peter v.	Inactivated
ARMAO	Y	peter v	Changed
BAMLANIVIMAB	N	no longer used, like VHS cassettes and Betamax - peter v.	Inactivated
BERKLEY MCMURRAY			
BONE DENSITY SCREEN - WINSLOW			
BREAST US (AI)			
BREASTFEEDING	Y	SYLVIA BEGISHIE/MARDI SANCHEZ RN	
BRIAN SEALY PMHNP	N	Provider no longer works at WIHCC - peter v.	
CANTERBURY	Y	requested by jenny in pt	Created
CARDIAC (STUDIES)	Y	Berni Jackson, RN	Changed
CARDIAC-KINDS	Y	Berni Jackson, RN	Changed
CARDIAC-SAVOIA	Y	Possibly, Berni Jackson, RN	Changed
CARDIAC-VILLARINO	Y	Berni Jackson, RN	Changed
CARTER	Y	Bryce C	Inactivated
CENTERING A	N	NO LONGER AVAILABLE/ MARDI SANCHEZ RN	Inactivated

Dilkon Medical Center – Planning (2)

RPMS/EHR Considerations

- Clinic setup, nomenclature (comment Audiocare)
- Which EHR functions transfer between divisions?
 - ✓ POC lab entry, quick notes, printers, consult locations
 - ✓ Radiology package imaging location
 - ✓ Appointment letters
 - ✓ ED Dashboard transition to Dilkon

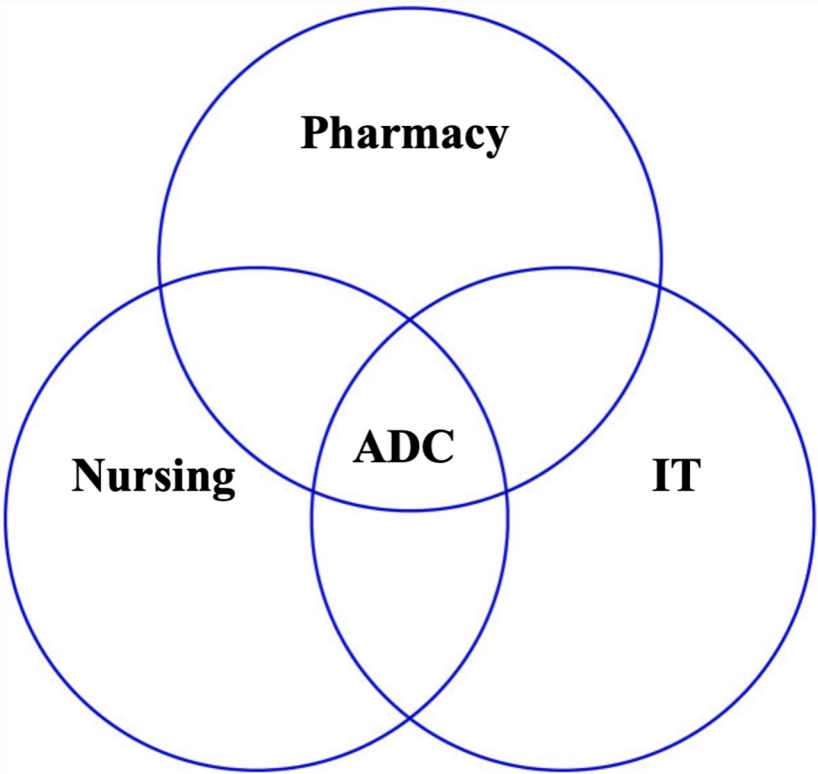


The screenshot shows a software interface for an EHR system. At the top, there are three tabs: 'Encounter Location', 'Appointments / Visits', and 'Hospital Admissions'. The 'Appointments / Visits' tab is active, and within it, the 'New Visit' sub-tab is selected. Below the tabs, there is a section labeled 'Visit Location' with a search input field. A dropdown menu is open, displaying a list of location options: 'EMERGENCY-DILKON', 'EMPLOYEE HEALTH - DILKON', 'ESKUCHEN - DILKON', 'EYE - DILKON', 'EYE ROUTINE - DILKON', 'FERGUSON - DILKON', and 'INFUSION - DILKON'. The list has a scrollbar on the right side.

Dilkon Medical Center – Planning (3)

AUTOMATED DISPENSING CABINET - ADC (Omniceil, Pyxis)

*Clear Delegation of Tasks...
Everyone thinks it's someone
else's job so no one does it!*



Dilkon Medical Center – Planning (4)

✓ **Staffing Considerations**

- Who will staff the new facility? Does the incoming staff have RPMS EHR experience?
- Consider staff competency for new facility
- New Dilkon staff: > 40 RNs, 38 Physicians, and 4 Pharmacists
- Training schedule for EHR, BCMA, EPCS tokens, Dashboard

✓ **Policy Creation and Collaboration with New Staff**

Dilkon Medical Center – Planning (5)

Identification of high risk, high variability, and high volume operations

Outpatient Clinics	Emergency Department
High Volume	High Risk
Low Variability	High Variability
Low Risk	High Volume

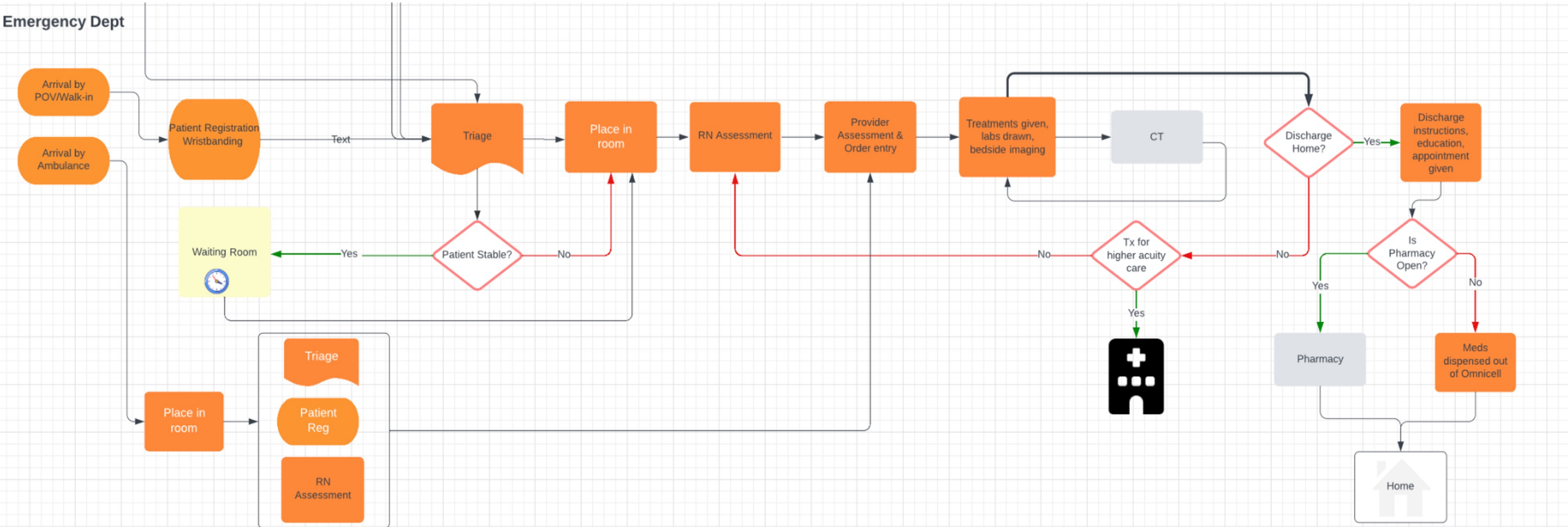


Dilkon Medical Center – Planning (6)

Mapping workflow important part of facility planning

- Identify deficiencies
- Potential problem areas **e.g.** codes, standing orders
- Forces staff to consider possible scenarios and how to handle them
- Standardization of practice especially important with staff turnover, builds confidence with staff
- Provides a stable operational platform for EHR
Modernization

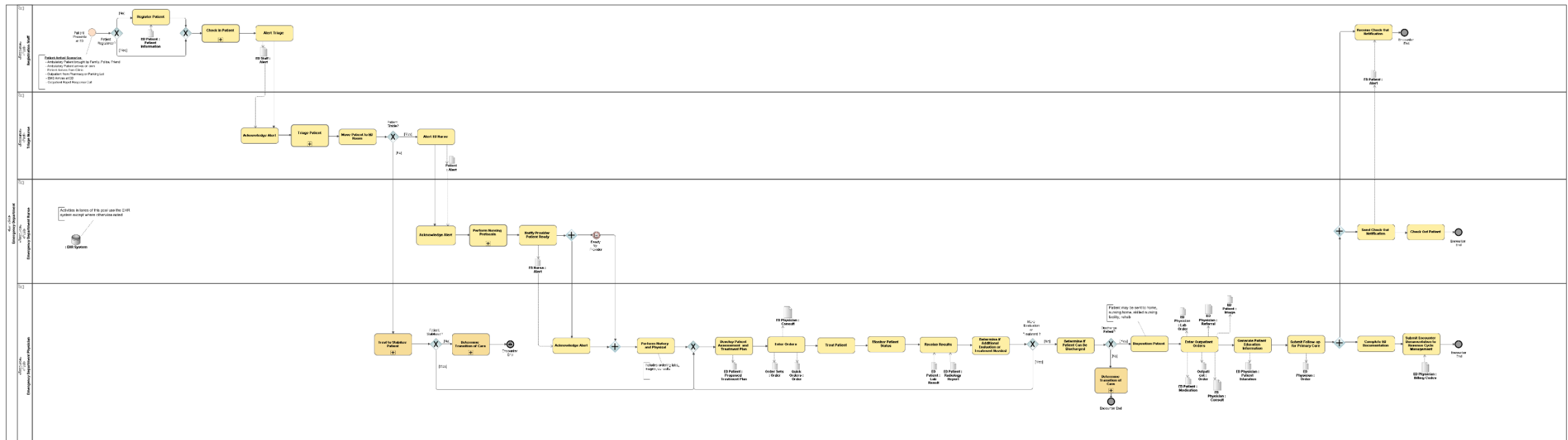
Dilkon Medical Center - Planning Flow



Emergency Department, Stable Patient

DRAFT MODEL – For Informational Purposes Only

Diagram title	Emergency Department General with Stable Patient
Author	Unpublished
Creation date	01/12/2023, 12:43 PM
Modification date	01/12/2023, 12:47 AM
Documentation	This model depicts the process of a patient's emergency at the Emergency Department (ED) to receive treatment. The model is for informational purposes and does not represent any specific patient's experience.
Completion date	



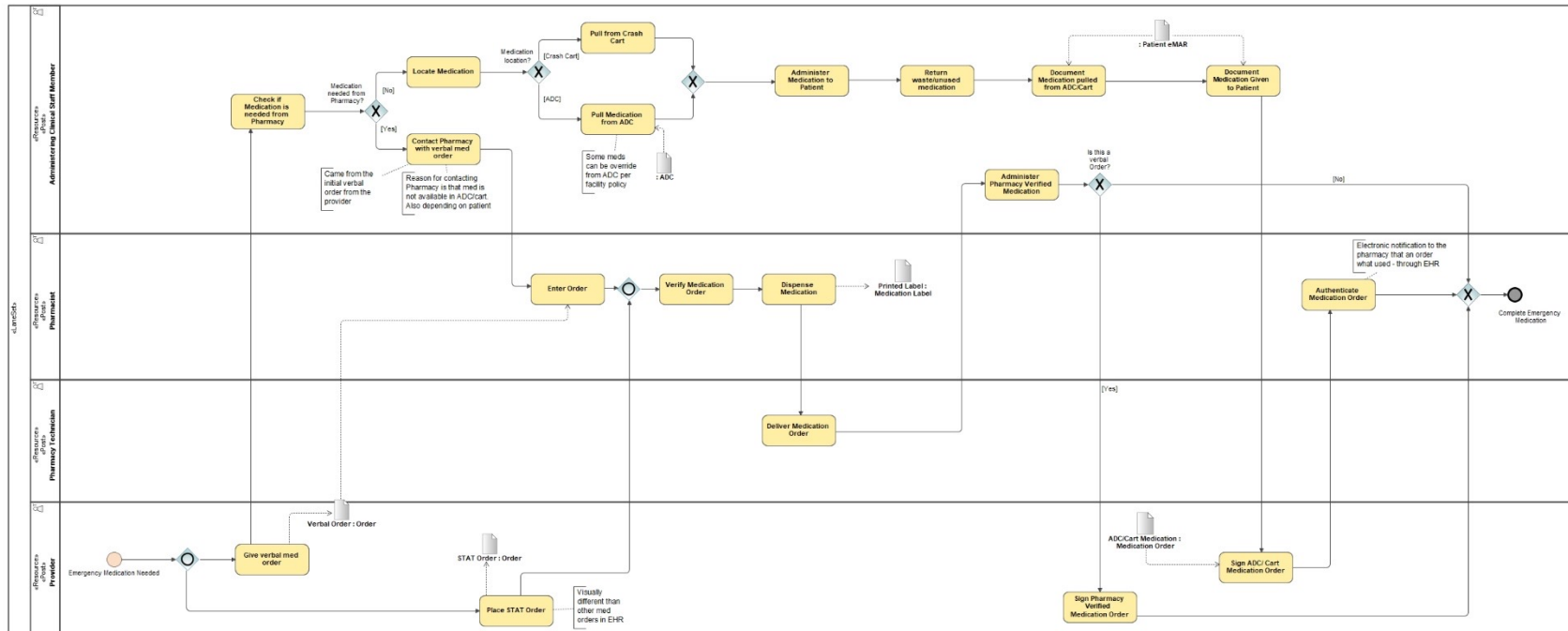
Emergency Department General with Stable Patient DRAFT 14 Aug 2023.png

MITRE UPDATES - TO BE INCORPORATED AS OF 8/18

Medication Administration, Emergency Department

Diagram name	Emergency Medication Order
Author	Ichisaki
Creation date	7/29/23, 12:00 PM
Modification date	8/14/23, 4:54 PM
Documentation	This is an emergency setting showing the ideal state
Completion status	

DRAFT MODEL – For Informational Purposes Only



Emergency Medication Order.jpg

Dilkon Medical Center - Problem Solving

**New Problem
Tracking Patients Sent for
Labs or Imaging**



Dilkon Medical Center

Lessons Learned & Opportunities for Improvement

- Plan for new staff EHR/VPN access well in advance
Challenge: onboarding lots of new users before arrival
- Delineate who is responsible for what **e.g.** Omnicell, Point-of-Care
- Communication to all staff, not just department specific emails
- Build up informatics and pharmacy staffing early

Dilkon Medical Center - What Worked

- Solid Administrative Leadership
- Solid IT management and RPMS database administration
- Regular EHR meetings
- Positive attitudes and team building atmosphere

Mid-Atlantic Service Unit

Nashville Area Indian Health Service

CAPT ROBIN BARTLETT, PHARMD, MSP, CPC

KARA KEARNS, CEO

PARTNERSHIP AUGUST 2023



Mid-Atlantic Service Unit (MASU)

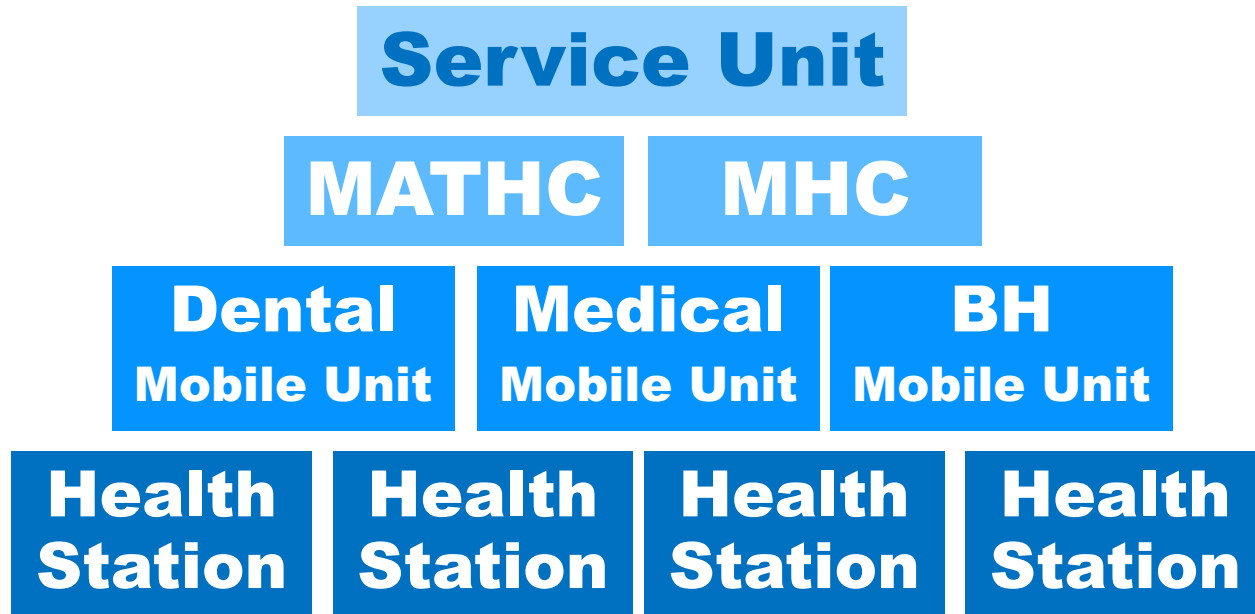
Mid-Atlantic Service Unit (MASU) serves seven (7) newly federally recognized Tribes sharing territory with the Commonwealth of Virginia. Those Tribes consist of Pamunkey Indian Tribe, Chickahominy Indian Tribe, Chickahominy Indian Tribe Eastern Division, Upper Mattaponi Indian Tribe, Rappahannock Tribe Inc., Monacan Indian Nation and Nansemond Indian Tribe. These resilient Nations will soon have a health care system for their citizens. Last Fall, MASU launched limited direct care services through mobile medical, dental and behavioral health units. This Fall, the Monacan Health Center construction should be completed. In Summer of 2024, the Mid-Atlantic Tribal Health Center will open. These health centers will offer primary care, dental, behavioral health, diabetes services, telehealth, laboratory and pharmacy services with drive through and Consolidated Mail Order Pharmacy capabilities. Soon, the MASU Community Health Representative program will see the addition of four planned health stations in the more remote Tribal communities of Nansemond, Pamunkey, Rappahannock and Upper Mattaponi. The health stations will be a utility connection points for the mobile units. They will have telehealth capability and an exam room for public health services.

Mid-Atlantic Service Unit (MASU)

MASU serves seven newly federally recognized Tribes sharing territory with the Commonwealth of Virginia

- Pamunkey Indian Tribe
- Chickahominy Indian Tribe
- Chickahominy Indian Tribe Eastern Division
- Upper Mattaponi Indian Tribe
- Rappahannock Tribe
- Monacan Indian Nation
- Nansemond Indian Tribe

Mid-Atlantic Tribal Health System



These resilient Nations will soon have a health care system for their citizens.

Last Fall, limited direct care services through mobile medical, dental and behavioral health units.

This Fall, the Monacan Health Center construction should be completed.

Summer 2024, the Mid-Atlantic Tribal Health Center will open.

Community Health Representative program will soon see the addition of four planned health stations in the more remote Tribal communities of

Nansemond

Pamunkey

Rappahannock and

Upper Mattaponi

MASU Mobile Units



[MOBILE UNIT VIDEO](#)

Mid-Atlantic Tribal Health Center



Primary Care
Dental
Behavioral Health
Diabetes Services
Telehealth

Pharmacy
Laboratory
Community
Health Services
Service Unit



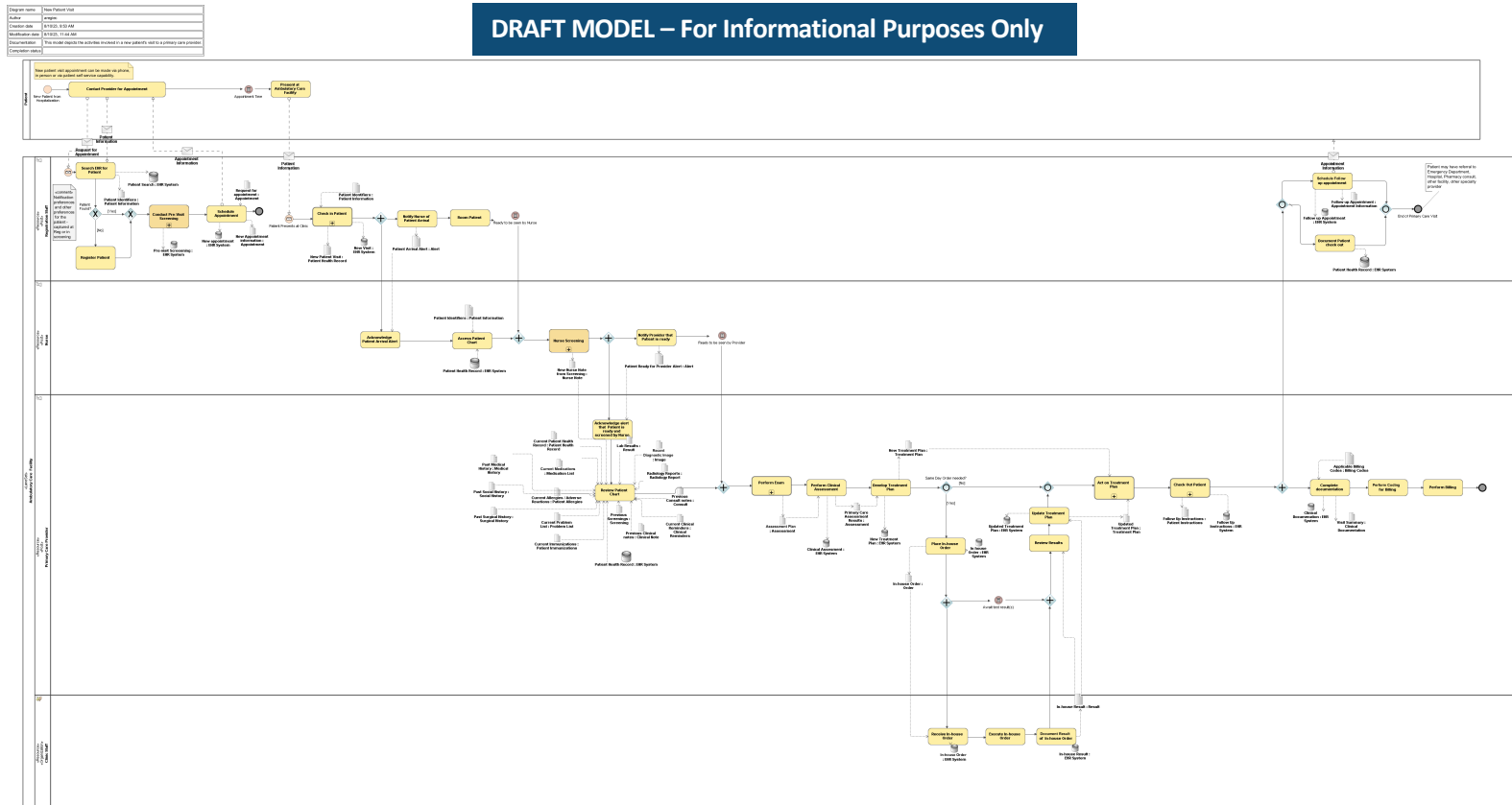
Monacan Health Center



- Primary Care
- Dental
- Behavioral Health
- Diabetes Services
- Telehealth
- Pharmacy
- Laboratory
- Community Health Services



Primary Care



New Patient Visit 2023-08-14.png

Oklahoma City Indian Clinic

Oklahoma City Area Indian Health Service

MAX BURCHETT, PHARMD, MHA

CAPT AMY RUBIN, PHARMD, MMI

CDR JOHN COLLINS, PHARMD

PARTNERSHIP 2023



Oklahoma City Indian Clinic (OKIC)

Oklahoma City Indian Clinic (OKCIC) was established in 1974 to provide health care and wellness services to under-served American Indians in central Oklahoma. Prior to OKCIC, the closest Indian Healthcare clinic was 40 miles away and the two nearest Indian Healthcare Hospitals were a two-hour drive. The clinic staff cares for more than 22,000 patients from over 200 federally recognized tribes every year. Services include medical, dental, pediatrics, prenatal, pharmacy, optometry, physical fitness, nutrition, family programs and behavioral health services. OKCIC recently purchased a structure in Oklahoma City to further expand services. The six-story structure will be renovated to hold women's health, pediatric services, Emergency Department, prenatal care, delivery options, and hospitalizations.

OKCIC: Informatics Considerations

- Not a new, clean, configuration of RPMS EHR
- Configuration / Reconfiguration of Existing Packages
 - ✓ Lab
 - ✓ Outpatient Pharmacy
 - ✓ Radiology
- New Configuration for New Services
 - ✓ Inpatient Pharmacy
 - ✓ BCMA
 - ✓ Emergency Department

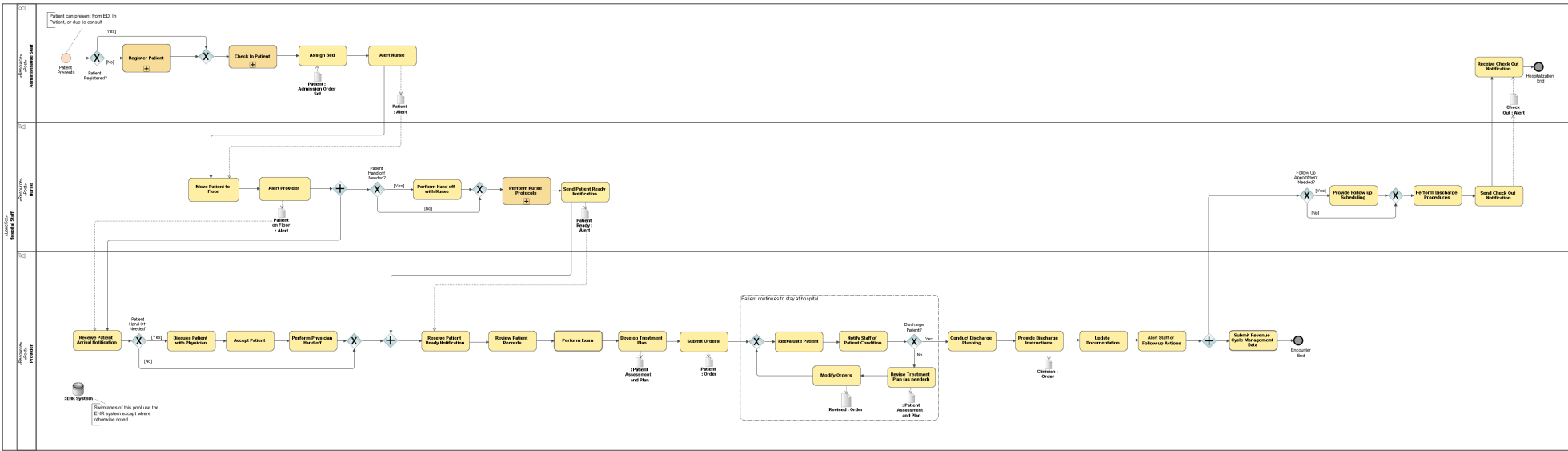
OKCIC: Informatics Challenges

- ❑ You Don't Know What You Don't Know
 - **E.g.** Lab address where Lab performed
 - Require the right staff in the right room and ask the right questions
- ❑ You Might Not Know What You Think You Know
 - Existing way may not be the best way
 - What was true before might not be true now
 - ✓ New packages
 - ✓ New patches
 - ✓ New services
 - ✓ New vendors
 - ✓ New Requirements
- ❑ You Might Not Know What You Might Find

Hospitalization

DRAFT MODEL – For Informational Purposes Only

Diagram name	Hospitalization
Author	skendrick
Creation date	6/27/23, 2:48 PM
Modification date	6/28/23, 2:18 PM
Documentation	This model depicts the process for hospitalization that requires admission as an inpatient and usually requires an overnight stay.
Completion status	



Hospitalization DRAFT 16 Aug 2023.png

Little Shell Tribal Health Clinic

Billings Area Indian Health Service

NATALIE KLIER, CCS-P

STACEY THOMAS, PHARM D.

MELISSA HUBBARD, DNP, RN

PARTNERSHIP AUGUST 2023



Little Shell Health Center – Billings Area Office

Little Shell Health Center located in Great Falls, Montana
opened in April 2022.

The new 10,000 square-foot facility provides health care services for more than 5,000 American Indians and Alaska Natives residing in the metropolitan area of Great Falls, MT.

Since gaining federal recognition in 2019, the Little Shell Tribe has worked together with IHS in achieving this milestone of developing a facility that would meet the health care needs of the local tribal community.

Little Shell Health Center – Billings Area Office



- Opened with primary care, lab, and behavioral health on April 7, 2022
- Added dental, pharmacy, and optometry by early 2023
- Many acting positions due to recruiting and HR challenges

Little Shell Health Center – Billings Area Office



Available Services

- Outpatient Clinic Services
- Laboratory
- Pharmacy
- Mental Health
- Purchased Referred Care
- Optometry
- Dental

Future Services

- Radiology

Little Shell Health Center – Billings Area Office

Accreditation Journey

- Achieved TJC Ambulatory Accreditation with PCMH Certification in July 2023
- Challenges
 - ✓ Quality Manager and Safety & Infection Control Officer acting – full-time Area Office employees
 - ✓ Clinical Director acting and the only medical provider

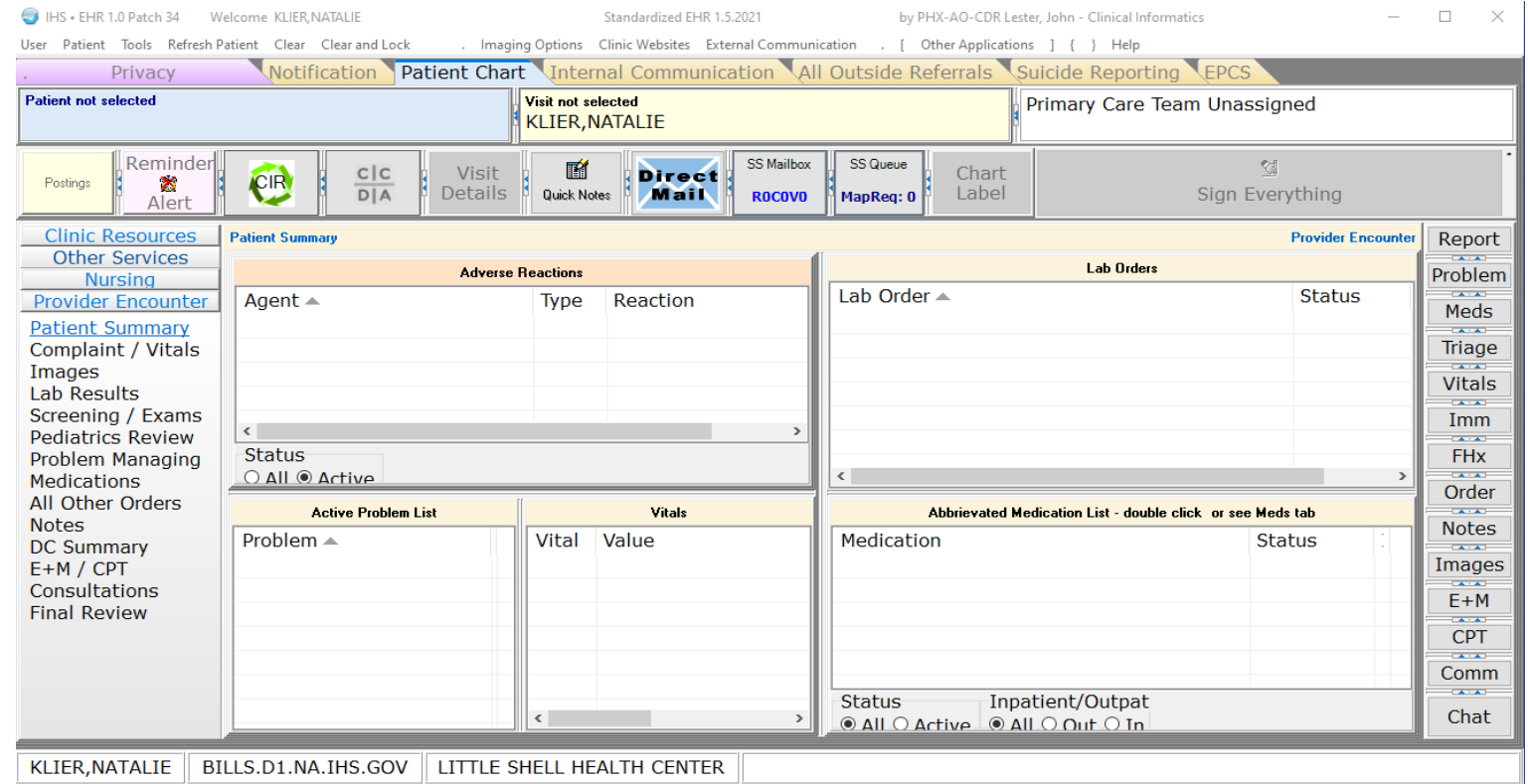


Little Shell Health Center – Billings Area Office

Standardized EHR GUI Purpose:

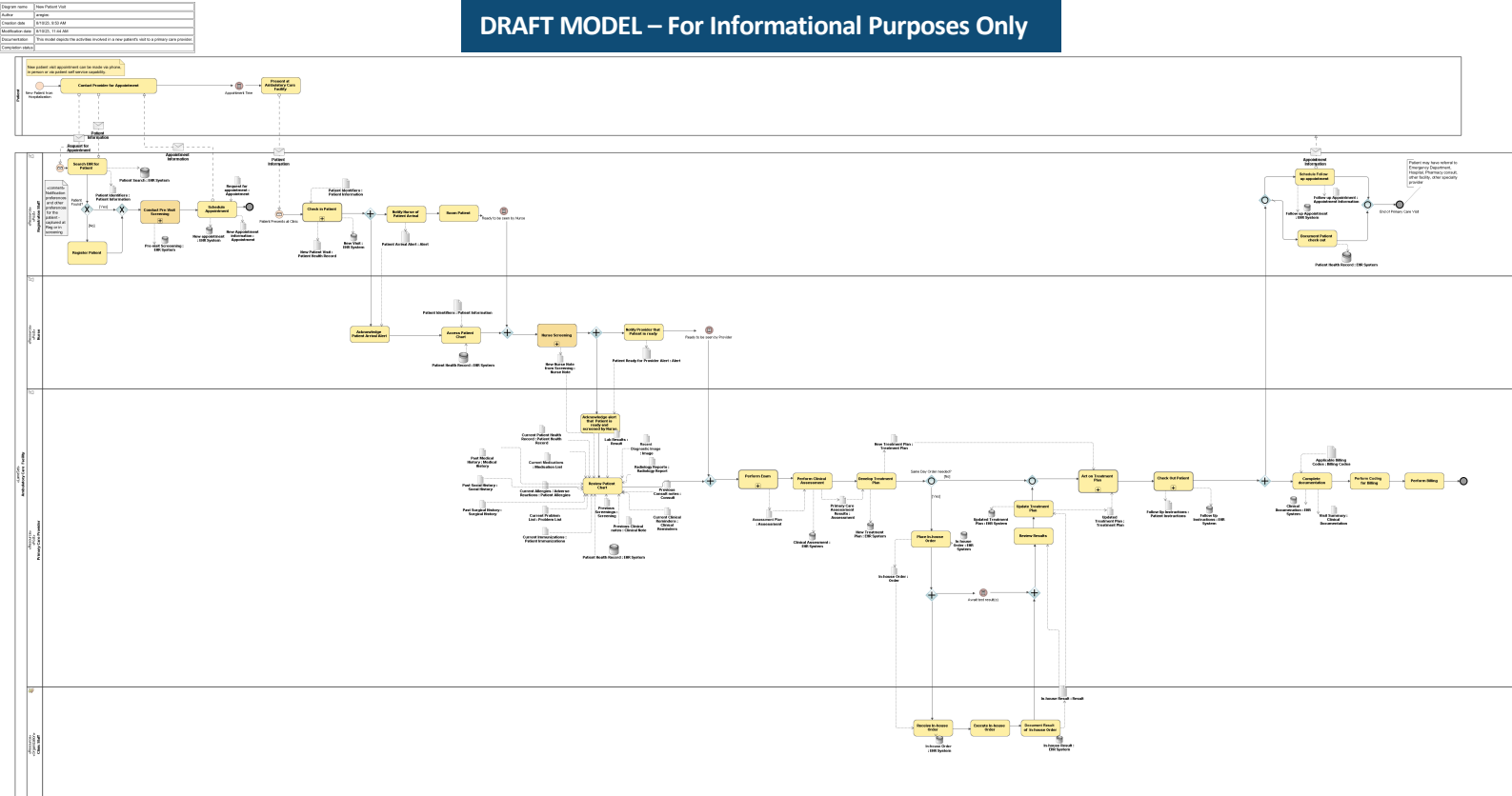
Align RPMS EHR with Workflow,
Patient Flow, & Documentation Flow
Promote Best Practices

- Simplicity
- Naturalness
- Consistency
- Minimize Cognitive Load
- Efficient Interactions
- Forgiveness
- Feedback
- Effective Use of Language
- Effective Information Presentation
- Preservation of Context



Leveraging Standardized EHR GUI

Primary Care



New Patient Visit 2023-08-14.png

Discussion



